PART B - FEE(S) TRANSMITIAL

e and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

appropriate. All further indicated unless corrects maintenance fee notifica	correspondence includir ed below or directed oth tions.	for transmitting ng the Patent, a nerwise in Block	dvance of k l, by (a	The FEE and Public rders and notification (a) specifying a new co	of maint orespond	enance fee lence addr	equired). Bits will be necess; and/or	nailed to (b) indic	through 5 s the current ating a sepa	hould be com corresponden arate "FEE Al	ploted where ce address as DDRESS" for	
CURRENT CORRESPOND	Note: A certificate of mailing can only be used for domestic mailings of the Fce(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.											
46169 7590 09/08/2008						Certificate of Mailing or Transmission I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.						
										(L	Ocpositor's name)	
	(Signature)											
				į							(Date)	
APPLICATION NO.	PPLICATION NO. FILING DATE			FIRST NAMED INVENT	FOR	ATTORNEY DOCKET NO.			CONFIRMATION NO.			
10/737,388	10/737,388 12/16/2003		Hong Mir			POU9200			30170US1 5371			
FITLE OF INVENTION PROCESSES	N: METHOD, SYSTEM	A AND PROG	RAM PR	ODUCT FOR TRAN	SFERRI	NG PROC	GRAM CO	DE BET	WEEN CO	MPUTER		
APPLN. TYPE	SMALL ENTITY	ISSUF FEE	DUE	PUBLICATION FEE DI	UE PRI	V. PAID IS	SUF FEE	TOTAL	FEE(S) DUE	DAT	E DUE	
nonprovisional	visional NO		\$1440 \$3			\$0			§1740		8/2008	
EXAMINER		ART UNIT		CLASS-SUBCLASS	7	12/	09/2008	AWONDA	1F2 00000	063 09046	3 1073738	
ANYA, CI	2194		719-313000			FC:1501 FC:1504		1510.00 300.00				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.				(1) the names of u or agents OR, alter (2) the name of a s registered attorney 2 registered patent listed, no name will	r printing on the patent front page, list the names of up to 3 registered patent attorneys tents OR, alternatively, the name of a single firm (having as a member a tered attorney or agent) and the names of up to istered patent attorneys or agents. If no name is it, no name will be printed. Lily Neff, Esq. Kevin P. Radigan, Esq. HESLIN ROTHENBERG FARLEY & MESITI, P.C.							
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has be recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) INTERNATIONAL BUSINESS MACHINES Armonk, NY CORPORATION										been filed for		
Please check the appropr	iate assignee category or	categories (will	not be pr	rinted on the patent):	🔲 Indi	vidual 🏻	Corporation	on or othe	er private gr	oup entity 🔲	Government	
Aa. The following fee(s) and Issue Fee Publication Fee (N Advance Order - 4	41	4b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 09-0463 (enclose an extra copy of this form).										
5. Change in Entity Sta	•	•					(IRI	M)				
a. Applicant claim						FR 1.27(g)(2)						
NOTE: The Issue Fee an nterest as shown by the	records of the United Sta	uircd) Will not b	rademark	d from anyone other the Office.	an the ap	plicant; a	registered a	ttomey o	r agent; or th	he assignce or	other party in	
Authorized Signature	Kun P	Kareling			,	DateS	Septemb	er / o	₹ , 200	8	*******	
Typed or printed name Kevin P. Radigan, Esq.						Registratio	n No	31,789)			
This collection of inform an application. Confident submitting the completed his form and/or suggesti Box 1450, Alexandria, V	ation is required by 37 C tiality is governed by 35 d application form to the ons for reducing this bur irginia 22313-1450. DC	FR 1.311. The i U.S.C. 122 and USPTO. Time rden, should be NOT SEND F	nformatic 37 CFR will vary sent to the EES OR	on is required to obtain 1.14. This collection is depending upon the is c Chief Information Of COMPLETED FORMS	or retain s estimate ndividual fficer, U. S TO TII	a benefit led to take case. Amy S. Patent a	by the publi 12 minutes y comments and Tradem ESS. SEND	c which ito completon the ark Office TO: Co	is to file (and lete, includir amount of the e, U.S. Departments	d by the USPT ng gathering, p me you requir artment of Co for Patents. P.	O to process) reparing, and e to complete mmerce, P.O. O. Box 1450	

Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.